

Name
in
Full

Robert Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Annapolis				St.		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1905	Dec	18th	Age	40 yrs		
Sex	Male		Color or Race	Colored		Birth-place	Virginia
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Margaret Barnes			
Father's Name	Unknown				Father's Birthplace	Virginia	
Mother's Maiden Name	Unknown				Mother's Birthplace	Virginia	
Name of person giving information	Wife				How related to deceased	(67)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Progressive Paralysis		How long	Months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout (M)	
yes		Address	Annapolis Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Brown
Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Anne Arundel*

Date of death *90* *5* *Dec* *10* Age *10* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *76 Acton Lane*

Occupation *Infant* Where Residing if not at place of death *76 Acton Lane*

Married, Single or Widowed *Infant* Name of Wife or Husband

Father's Name *Dennis Brown* Father's Birthplace *Annapolis*

Mother's Maiden Name *Sarah Proctor* Mother's Birthplace

Name of person giving information *Dennis Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Inanition* *(51)* How long *Since birth*

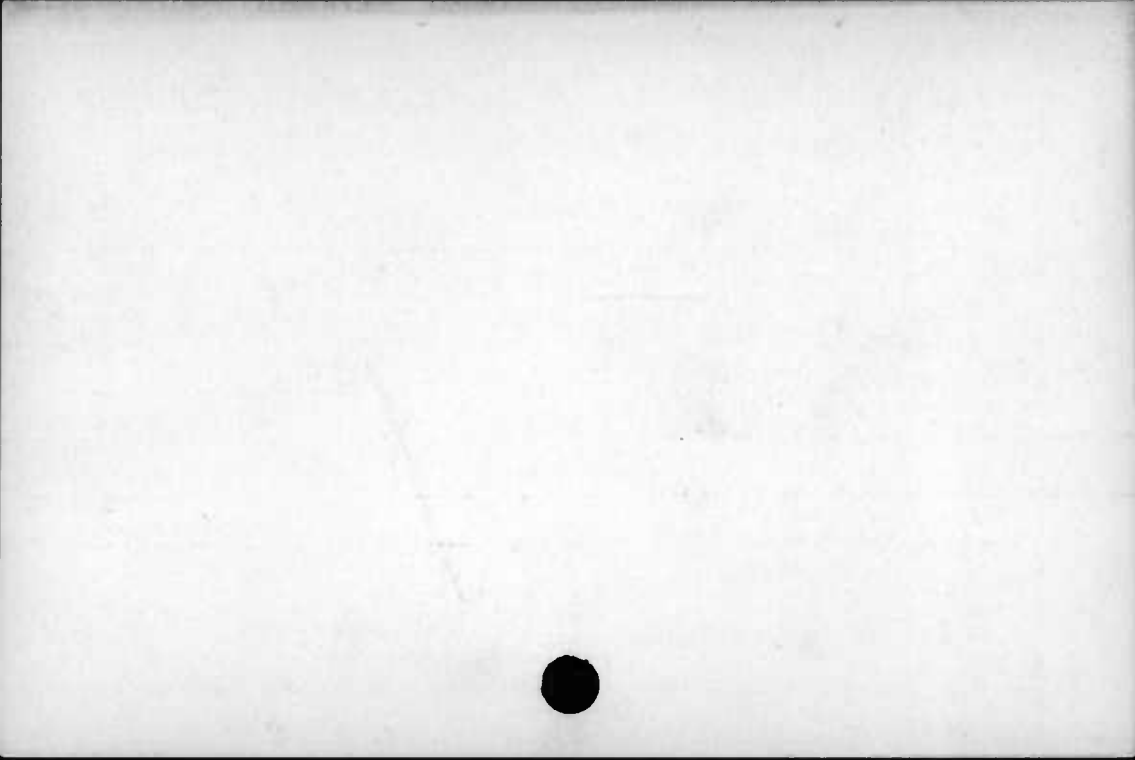
Immediate *Assthemia* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Ridout, M.D.*

Address *Annapolis Md.*

Accident or Suicide?



Name
in
Full

Geo. H. Brice

CERTIFICATE OF DEATH

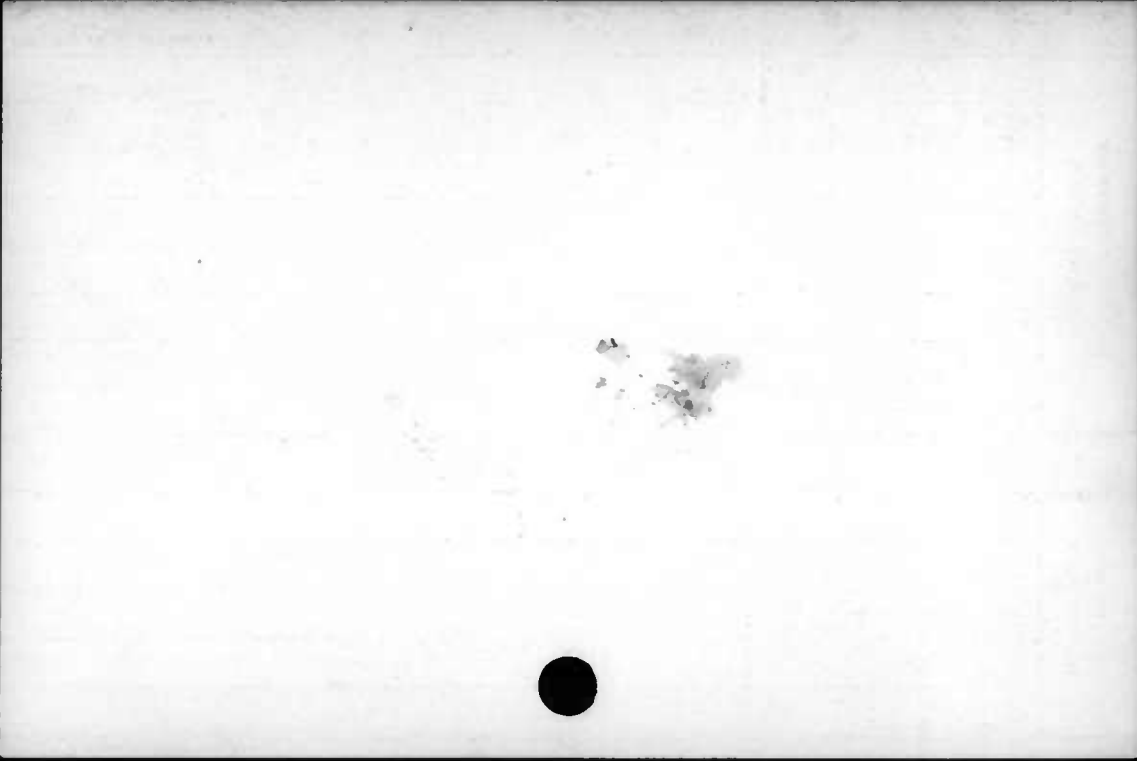
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Margaret</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>18</u>	Years <u>52</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Georgetown A.C.</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Idia Stinchcomb</u>				
Father's Name <u>Charles C. Brice</u>	Father's Birthplace <u>A.A.Co</u>				
Mother's Maiden Name <u>Mary Arnold</u>	Mother's Birthplace <u>A.A.Co</u>				
Name of person giving information <u>Barnah Brice</u>	How related to deceased <u>Son</u>				

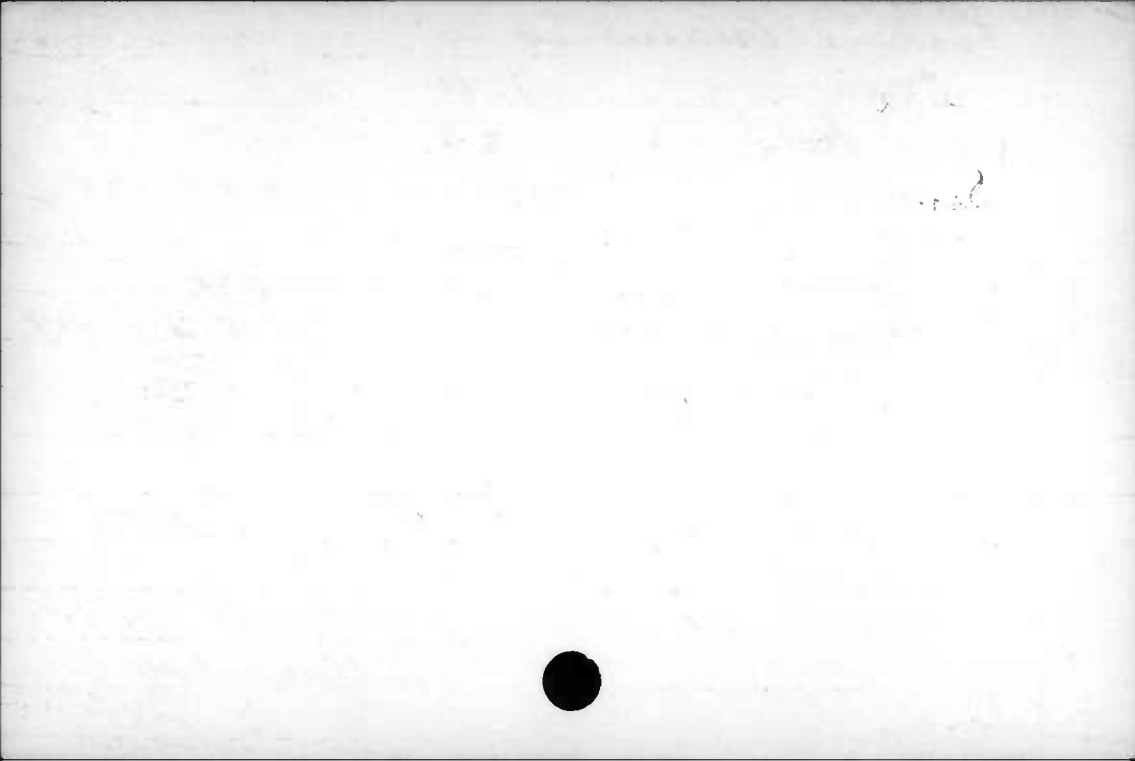
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer</u>	How long <u>1 Year</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ed. Ridout - M.D.</u>
	Address <u>St Margaret</u>
Accident or Suicide? <u>—</u>	<u>Anne Arundel Co</u>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Eliza Carter</i> <i>Shady Side</i> <small>Town</small>		<i>A A</i> <small>County</small>		MARYLAND
	Date of death <i>1905</i>	<i>Dec</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>77</i> <small>Years</small>	<i>—</i> <small>Months</small>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>	
	Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Solomon Carter</i>			
	Father's Name <i>Jas Bryan</i>	Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>			
	Name of person giving information <i>John Turner</i>	How related to deceased <i>Friend</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary <i>Senility</i>	<i>154</i>		How long <i>—</i>	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. T. Dent M D</i>		Address <i>Chesapeake</i>	
	Accident or Suicide?				



Name
in
Full

Ellen Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ona* Town*A. A.* CountyDate of death *1905* Month *Dec.*Day *5*Age *65* Years

Months

Days

Sex *Female*Color or
Race*Black*Birth-
place*A. A. Combs*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*George Chambers*Father's
Name*Fannie Green*Father's
Birthplace*A. A. Combs*Mother's
Maiden Name*Fannie Green*Mother's
Birthplace*None*Name of person giving
In formation*John Briggs*How related
to deceased*None*

CAUSES OF DEATH

Primary

Bright's Disease

How long

6 mos.

Immediate

Heart Failure

How long

*-*Are the name, age, sex, color, date
and place correctly given above?*Yes -*Signature of
Physician*H. B. Bantz M.D.*

Address

*Wilmington**Ms.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mary E. Cooper Town Annapolis County Anne Arundel **MARYLAND**

Died at Annapolis

Date of death 1903 Dec 7 Month Dec Day 7 Age 16 Years 16 Months Days

Sex Female Color or Race Colored Birth-place Annapolis

Occupation Housewife Where Residing if not at place of death 23 Calvert St.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Cooper Father's Birthplace Annapolis

Mother's Maiden Name Henrietta Gray Mother's Birthplace

Name of person giving information Thomas Gray How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

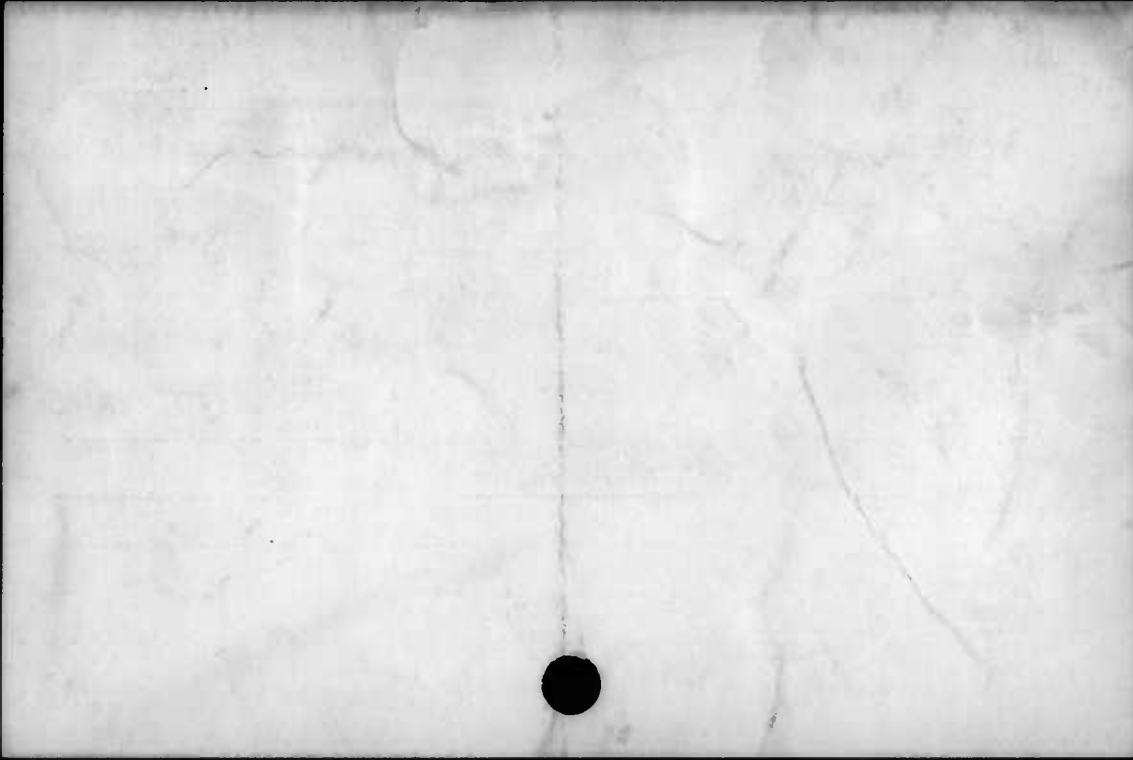
Primary Nephritis 19 How long eight days

Immediate Memia How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John Ridout Address Annapolis Md

Accident or Suicide?



Name
in
Full

Elizabeth S. Connell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town} <u>Annamund</u> ^{County} <u>MARYLAND</u>	
Date of death <u>1905-Dec 29</u>	Age <u>29</u> Years <u>7</u> Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>
Occupation <u>School Girl</u>	Birth-place <u>Annapolis</u>
Where Residing if not at place of death <u>Lincoln Place</u>	
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>
Father's Name <u>Thomas Connell</u>	Father's Birthplace <u>Annapolis</u>
Mother's Maiden Name <u>Sarah Hobbs</u>	Mother's Birthplace <u>Annapolis</u>
Name of person giving information <u>Thomas Connell</u>	How related to deceased <u>father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Railroad accident</u>	How long <u>Instantaneous</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. Wells</u>
Address <u>Annapolis, Md</u>	
Accident or Suicide? <u>Accident</u>	



Name
in
Full

CERTIFICATE OF DEATH

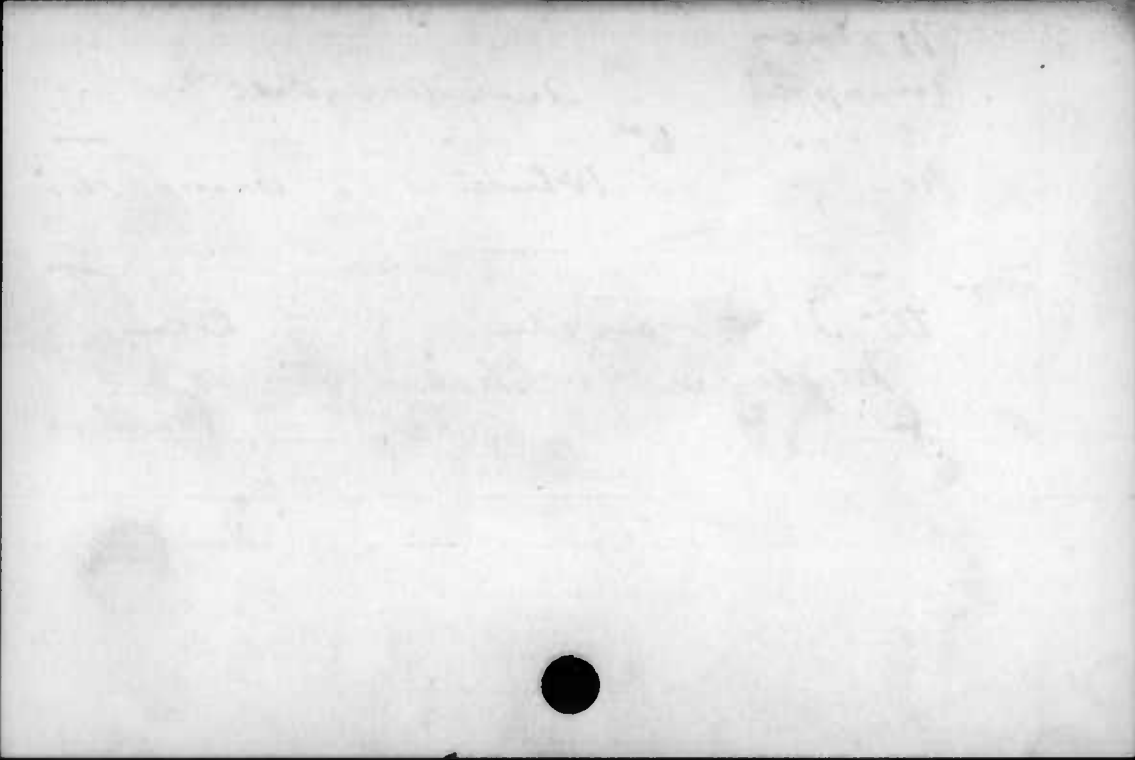
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		<i>Anne Arundell</i>		MARYLAND	
		Date of death <i>1905</i> <i>Dec</i> Month		<i>6th</i> Day		<i>—</i> Months	
		Age <i>—</i> Years		<i>—</i> Days			
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>W. H. French</i>		Father's Birthplace <i>Wa.</i>			
Mother's Maiden Name <i>Minnie Woolhiser</i>		Mother's Birthplace <i>Wa.</i>					
Name of person giving information <i>—</i>		How related to deceased <i>Father.</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Detached placenta</i>		<i>S.</i>		How long <i>Any hours</i>	
		Immediate <i>Asphyxiation of oxygen</i>				How long <i>—</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Wells.</i>			
		<i>Male</i>		Address <i>Annapolis</i>			
		Accident or Suicide? <i>Accident</i>		<i>Med.</i>			



Name
in
Full~~Annie Daisy~~ Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u> </u> <small>County</small>		MARYLAND		
Date of death	<u>1905</u> <small>Month</small>	<u>Dec</u> <small>Day</small>	<u>17th</u> <small>Age</small>	<u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>Colored</u>		Birth-place
Occupation	<u> </u>		Where Residing if not at place of death			
Married, Single or Widowed	<u> </u>		Name of Wife or Husband			
Father's Name	<u>John Doe</u>			Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>Annie D. Galloway</u>			Mother's Birthplace	<u>md</u>	
Name of parson giving information	<u>Mary Green</u>			How related to deceased	<u>none</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born S.</u>	How long	<u> </u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Wm. S. Welch</u>
<u>yes</u>		Address	<u>Annapolis</u>
Accident or Suicide?		<u> </u>	



Name
in
Full

Louisa Gildes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

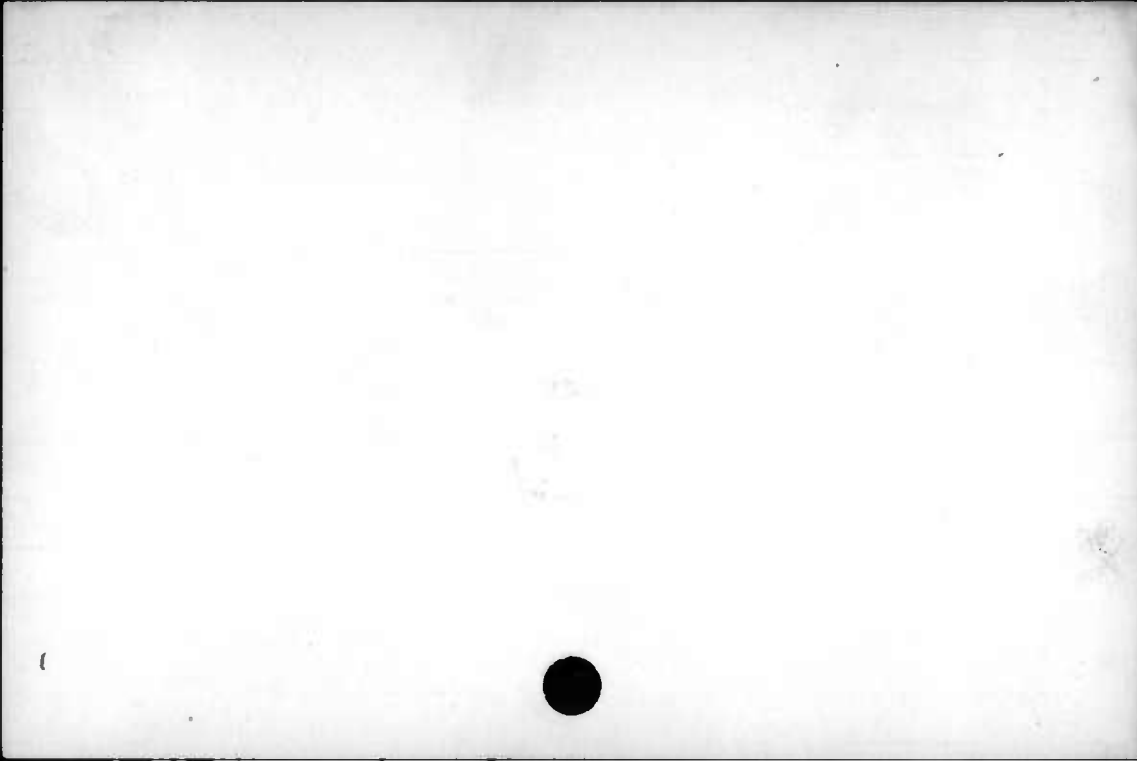
Died at <i>Annapolis Md</i>		County <i>Anne Arundelle</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>13th</i>	Years <i>31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Baltimore Md</i>				
Married, Single or Widowed <i>Married</i>	Name of husband <i>John A. Gildes</i>				
Father's Name <i>John M. Jones</i>	Father's Birthplace <i>Philadelphia</i>				
Mother's Maiden Name <i>Susan Trager</i>	Mother's Birthplace <i>Annapolis Md</i>				
Name of person giving information <i>Susan Trager</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>I don't know</i>
Immediate <i>Tubercular Meningitis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Thompson</i>
<i>As far as I know</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	

Name in Full Mary Chathuni Greene		CERTIFICATE OF DEATH	
Died at Millersville ^{Town}		Anne Arundel ^{County}	
Date of death 1905 ^{Month} 12 ^{Day} 9		Age 23 ^{Years} 11 ^{Months} 9 ^{Days}	
Sex Female		Color or Race B.	
Occupation Housewife		Where Residing if not at place of death —	
Married, Single or Widowed Married		Name of Wife or Husband James Greene	
Father's Name Wm. L. Engleton		Father's Birthplace A. A. Co.	
Mother's Maiden Name Theresa Engleton		Mother's Birthplace Calvert Co.	
Name of person giving Information Sarah Menden		How related to deceased Mother-in-law	
CAUSES OF DEATH			
Primary Tuberculosis		How long Six mo-	
Immediate Heart failed		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician A. B. Gant	
		Address Millersville	
Accident or Suicide? —			



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town}

County *Amherst*

MARYLAND

Date of death 190 5 / 12 / 25

Age Years

Months

Days

Sex *Female*

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Single
wed

Name of
Husband

s John Gross

Father's Birthplace

Q Q C

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

CAUSES OF DEATH

Pulmonary Tuberculosis

How long

Not known

Immediate

Gradual Heart Failure

How long

1 wk

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

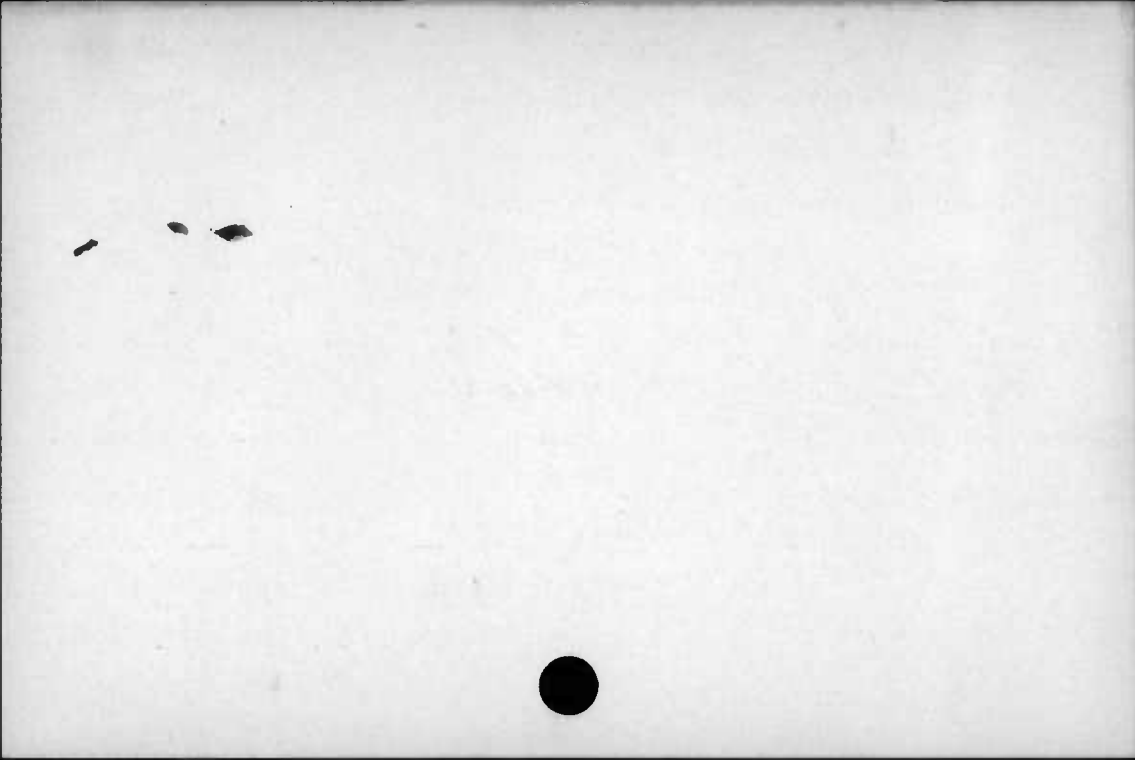
Maclennan, David M.D.

Address

West River

Accident or Suicide?

md



Name
in
Full

CERTIFICATE OF DEATH

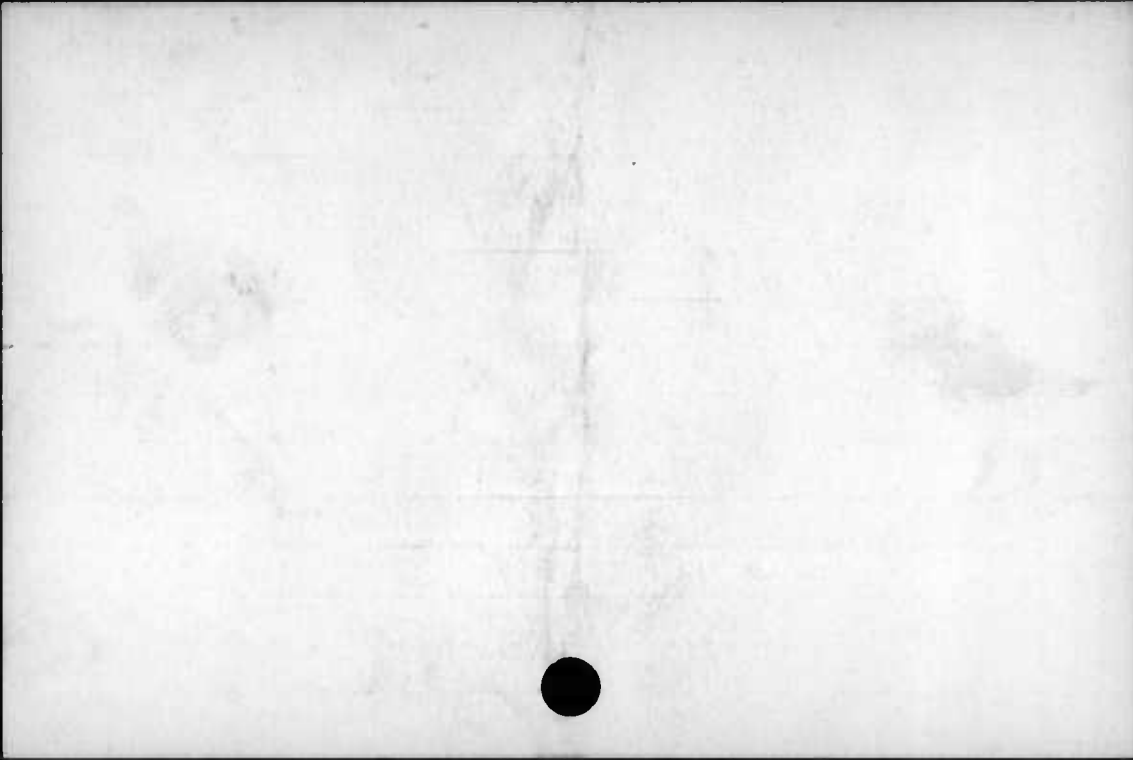
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Annapolis</i>		Town <i>Harvey</i>		County <i>St</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>12th</i>		Age	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thomas Harvey</i>		Father's Birthplace <i>St Alb</i>					
Mother's Maiden Name <i>Lanie Hammond</i>		Mother's Birthplace <i>St Alb</i>					
Name of person giving information <i>Mother</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, Md</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Armine E. Jacobs
Town

County

MARYLAND

Died at *Annapolis*

Date of death | 1905 | Month *Dec* | Day *17* | Age *—* | Years *—* | Months *1* | Days *—*

Sex *Female* | Color or Race *White* | Birth-place *Annapolis*

Occupation *—* | Where Residing if not at place of death *—*

Married, Single or Widowed *Single* | Name of Wife or Husband *—*

Father's Name *John Jacobs* | Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Elizabeth Drury* | Mother's Birthplace *Wilmington Del*

Name of person giving information *Elizabeth Jacobs* | How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Burned to death* | How long *—*

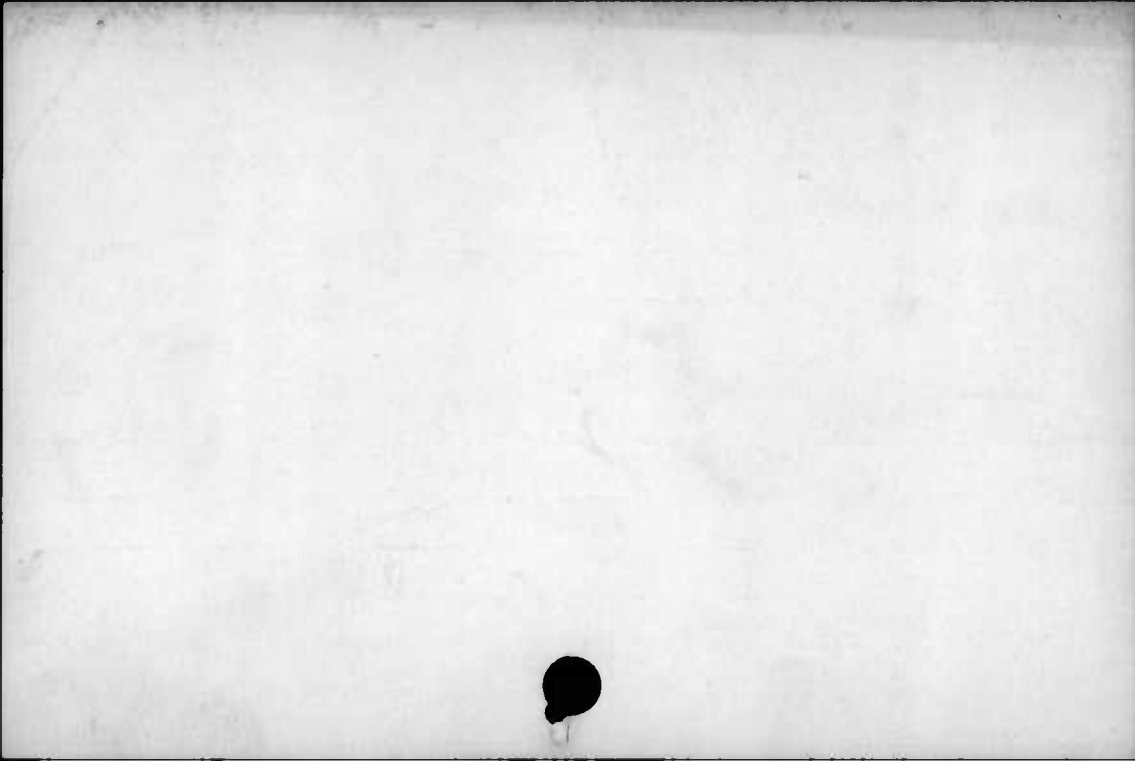
Immediate *—* | How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Alvin Powers M.D.*

Address *Annapolis*

Accident or Suicide? *Accident*



Name
in
Full

Johnson Gwinn

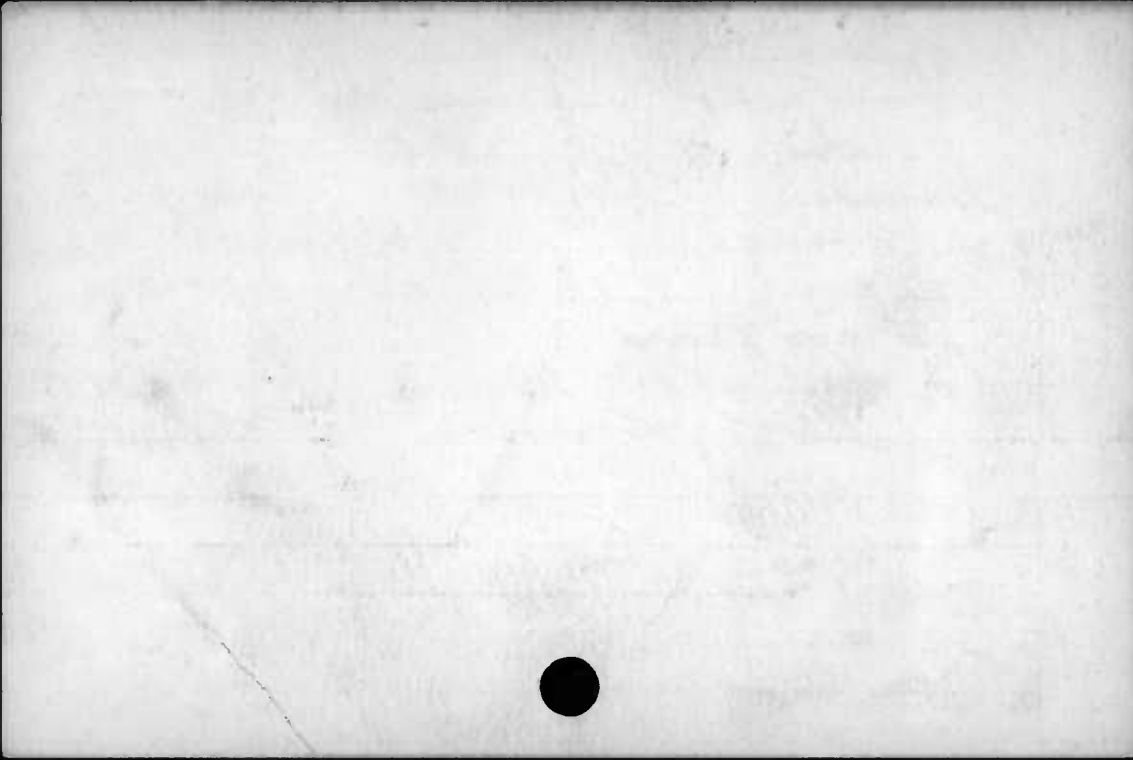
2 Certificate
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>Art</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>27</i>		Age	
Sex <i>Male & Female</i>		Color or Race <i>Colored</i>		Birth-place		Months	
Occupation		Where Residing if not at place of death		Years		Days	
Married, Single or Widowed		Name of Wife or Husband		Father's Name <i>Robert Johnson</i>		Father's Birthplace <i>Annapolis</i>	
Mother's Maiden Name <i>Elizabeth Mc Gowan</i>		Name of person giving information <i>Robert Johnson</i>		Mother's Birthplace <i>Annapolis</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, M.D.</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth Johnson

CERTIFICATE OF DEATH

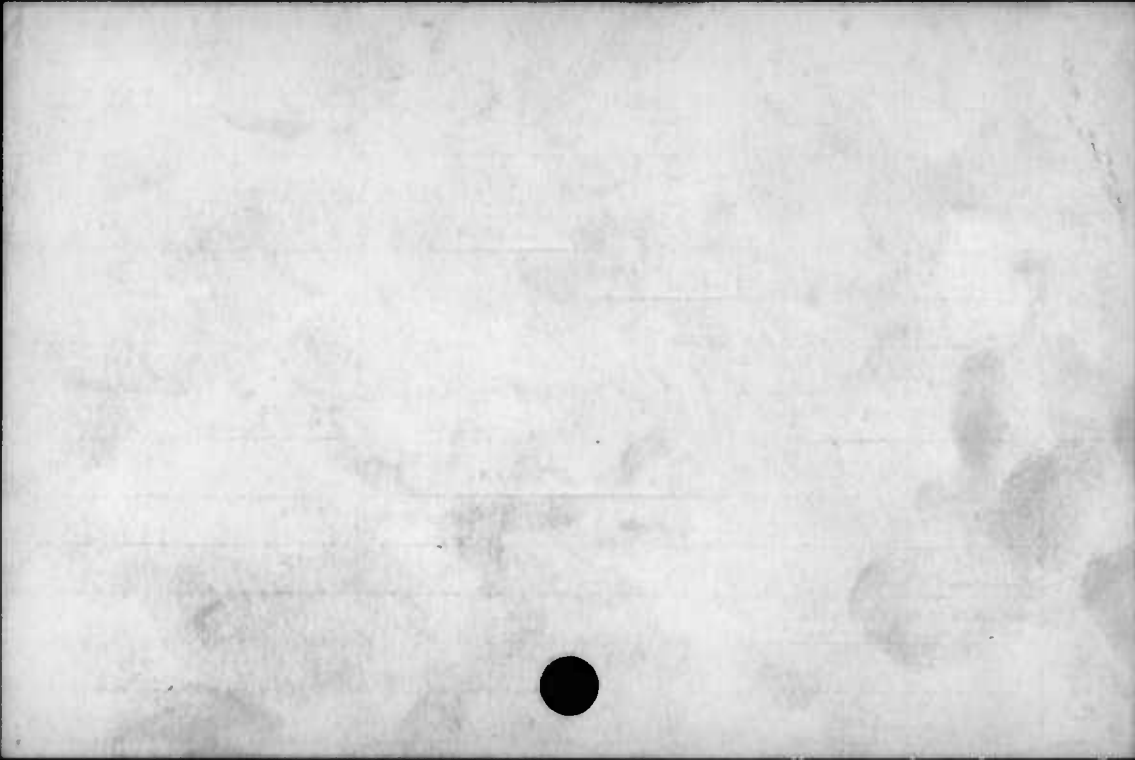
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1901 Dec 29</u>		Age <u>28</u>		Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis</u>			
Occupation <u>Domestic</u>		Where Residing if not at place of death <u>118 Clinton St.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robt. Johnson</u>				
Father's Name <u>John Gray</u>	Father's Birthplace <u>Calo.</u>				
Mother's Maiden Name <u>Hazie Mc Gowan</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving Information <u>Robt Johnson</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Essential eclampsia</u>	How long <u>thirty six hrs</u>
Immediate <u>Exhaustion</u>	How long <u>38</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>Yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

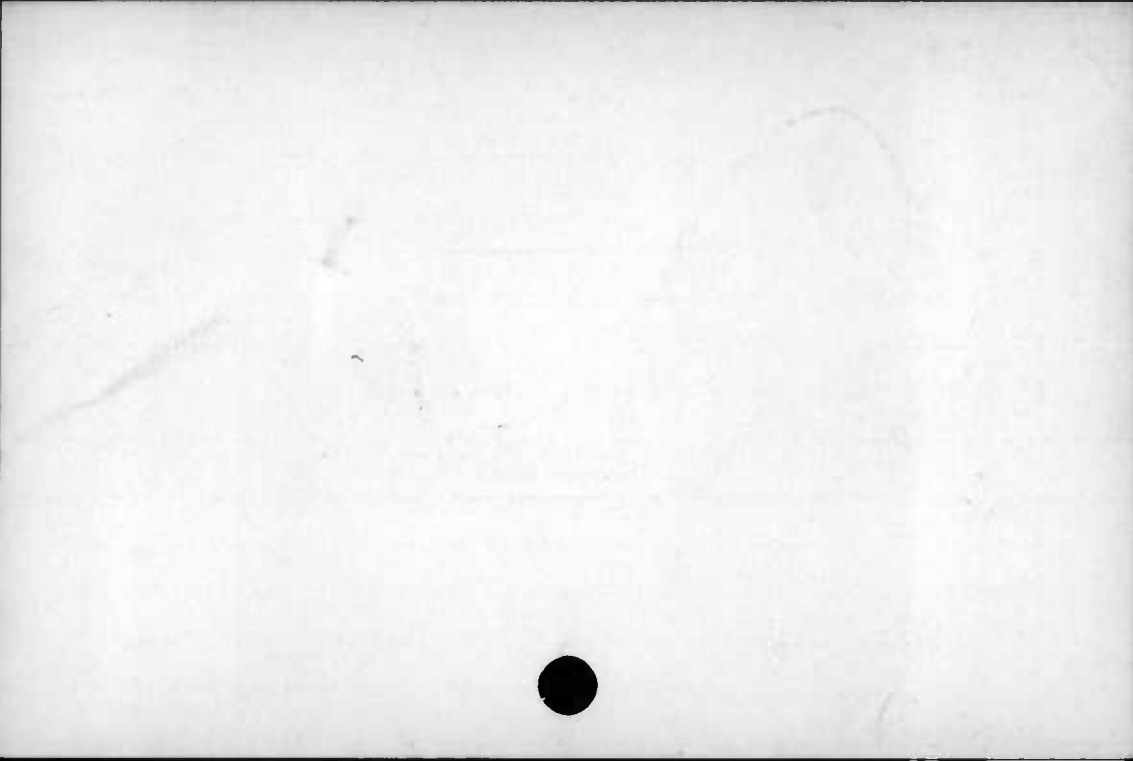
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>a a</i>		County	
Date of death <i>1905- Dec.</i>		Month		Day <i>17</i>		Years <i>45-</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>		Months	
Occupation <i>Hood Carrier</i>		Where Residing if not at place of death		Days			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane Johnson</i>		Father's Name <i>Martin Johnson</i>		Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name <i>Rebecca Johnson</i>		Mother's Birthplace <i>VA</i>		Name of person giving information <i>Martin Johnson</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralytic Apoplexy</i>	How long <i>one week</i>
Immediate <i>Inaction</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis B. Dunkel Jr</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

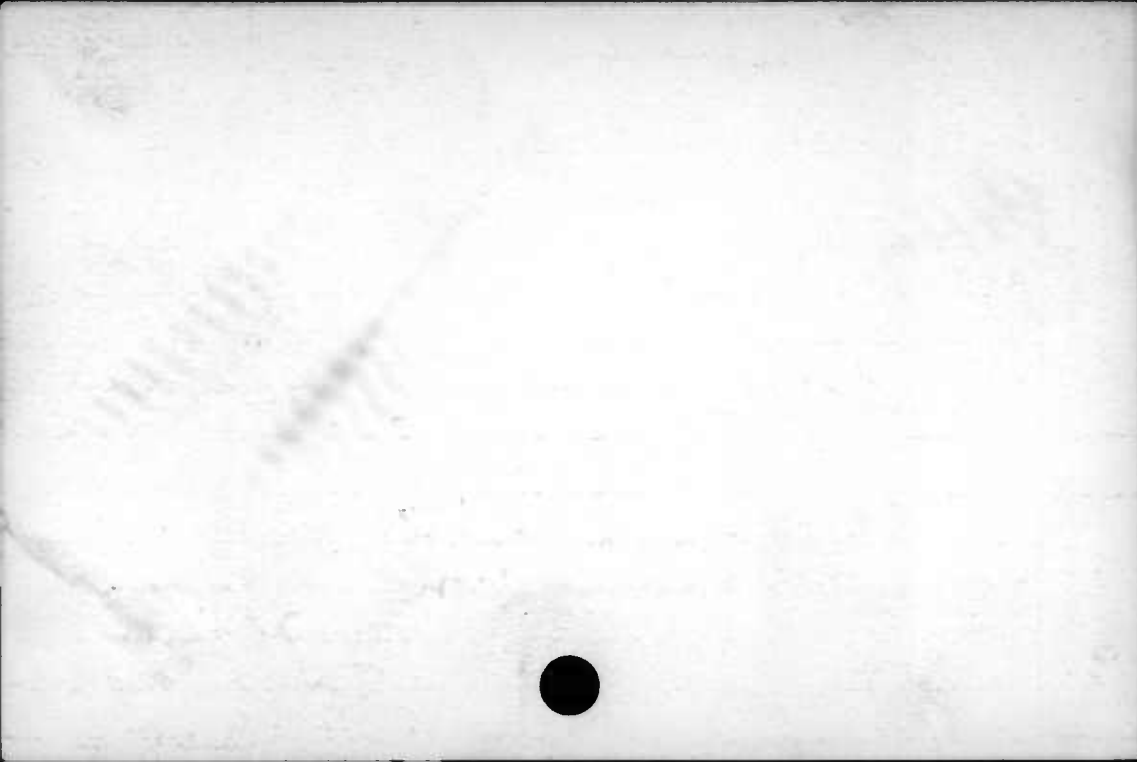
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Stet</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>23</i>		Age <i>62 yrs</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Georgia</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Jones</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Georgia</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Georgia</i>					
Name of person giving information <i>Daughter</i>		How related to deceased <i>(20)</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

Lucy Lane

CERTIFICATE OF DEATH

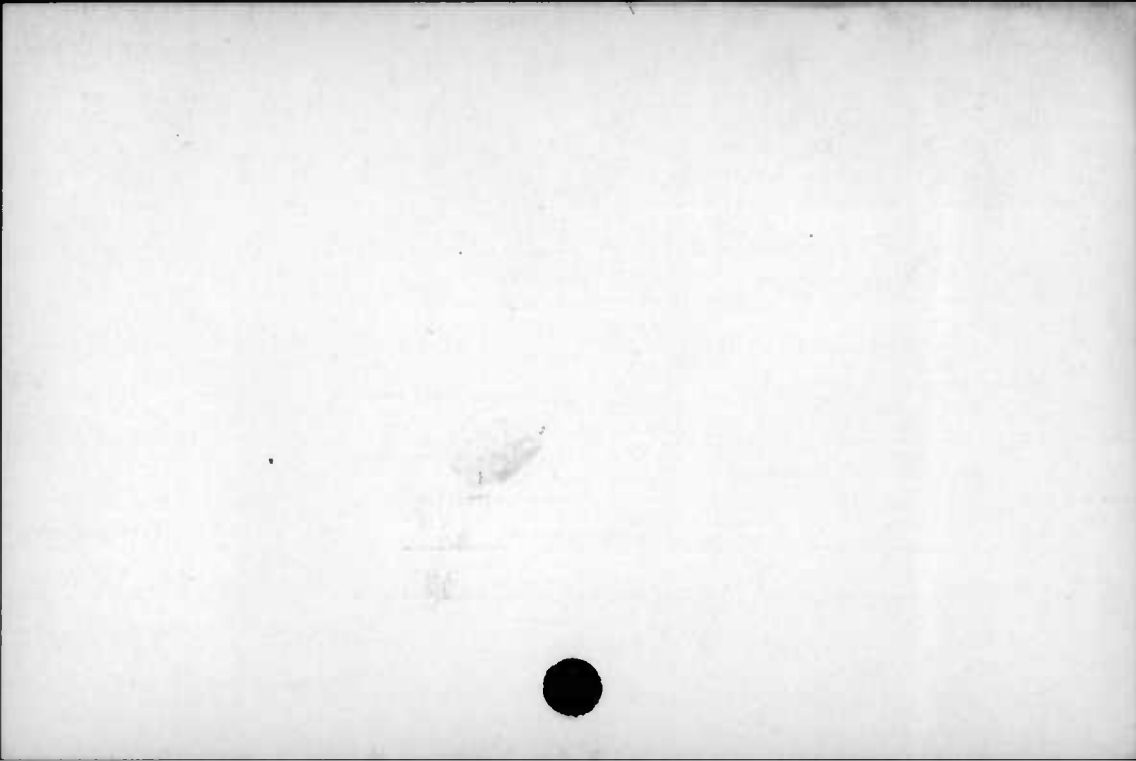
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camp roles</u> <small>Town</small>		<u>Anne Arundell</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>dec.</u>	Day <u>23</u>	Years <u>65</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Col.</u>		Birth-place <u>8th dist D A Po</u>		
Occupation <u>House Keeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>of Wm Lane</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Sallie Boston</u>			How related to deceased <u>1st - daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long <u>13</u> <u>from days</u>
Immediate	<u>Asthma</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>
<u>yes</u>		Address <u>Annapolis Md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town <i>A. A.</i> County		MARYLAND			
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>13</i>	Years <i>48</i>	Months	Days
Sex <i>Female</i> <i>Woman</i>	Color or Race <i>White</i>	Birth-place <i>Prince George's</i>			
Occupation <i>Mother</i>	Where Residing if not at place of death <i>Clay Street</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bernard Lynch</i>				
Father's Name <i>Washington Craig</i>	Father's Birthplace <i>Prince George's</i>				
Mother's Maiden Name <i>Mary Madeline Craig</i>	Mother's Birthplace <i>Prince George's</i>				
Name of person giving information <i>Bernard Lynch</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Y.

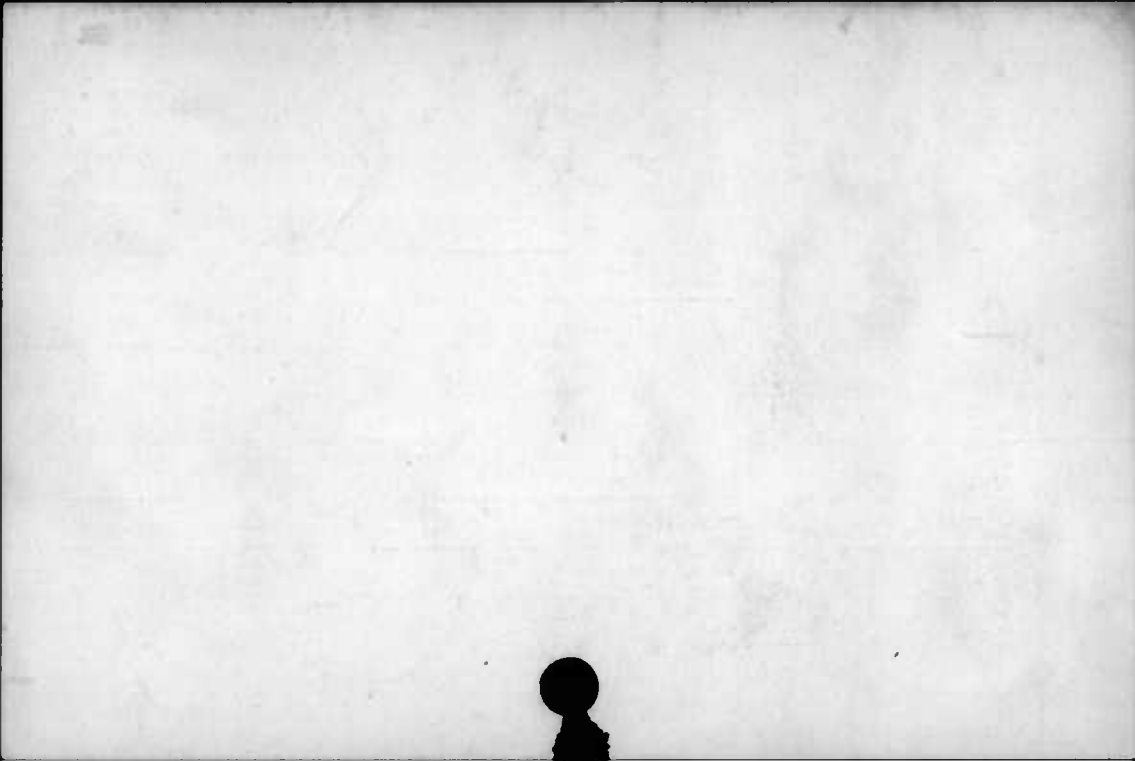
Signature of Physician

Address

Alvin Purvis
Annapolis
Ind

Accident or Suicide?

no



Name
in
Full

Jeremias Mc Carthy

CERTIFICATE OF DEATH

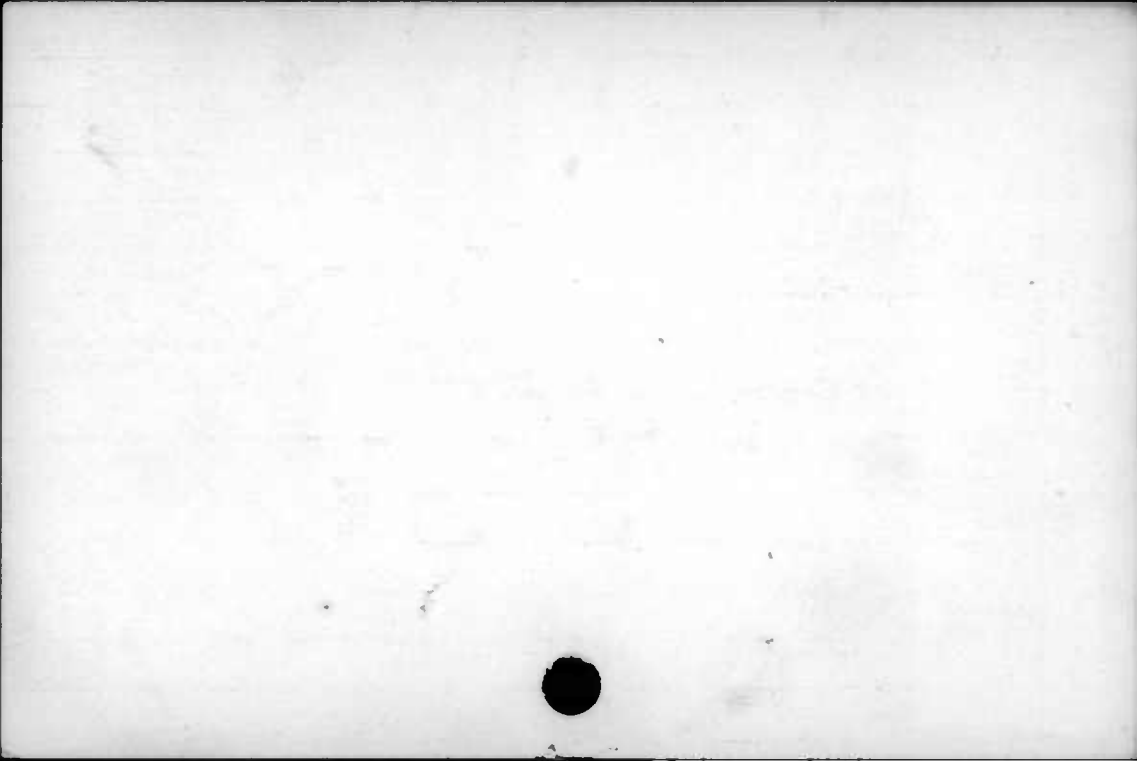
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>December</i>	Day <i>10</i>	Years <i>61</i>	Months <i>2</i>	Days <i>18</i>	
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Ireland</i>			
Occupation <i>Catholic Priest</i>	Where Residing if not at place of death <i>at Quebec, Canada last year at Annapolis, Md.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Mc Carthy</i>	Father's Birthplace <i>Castlemagner Ireland</i>						
Mother's Maiden Name <i>not known to me</i>	Mother's Birthplace <i>same</i>						
Name of person giving information <i>Paul Huber</i>	How related to deceased <i>Friend - not relative</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening of Brain</i>	How long <i>1 year</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H R Walton M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Carrie A. Mach

CERTIFICATE OF DEATH

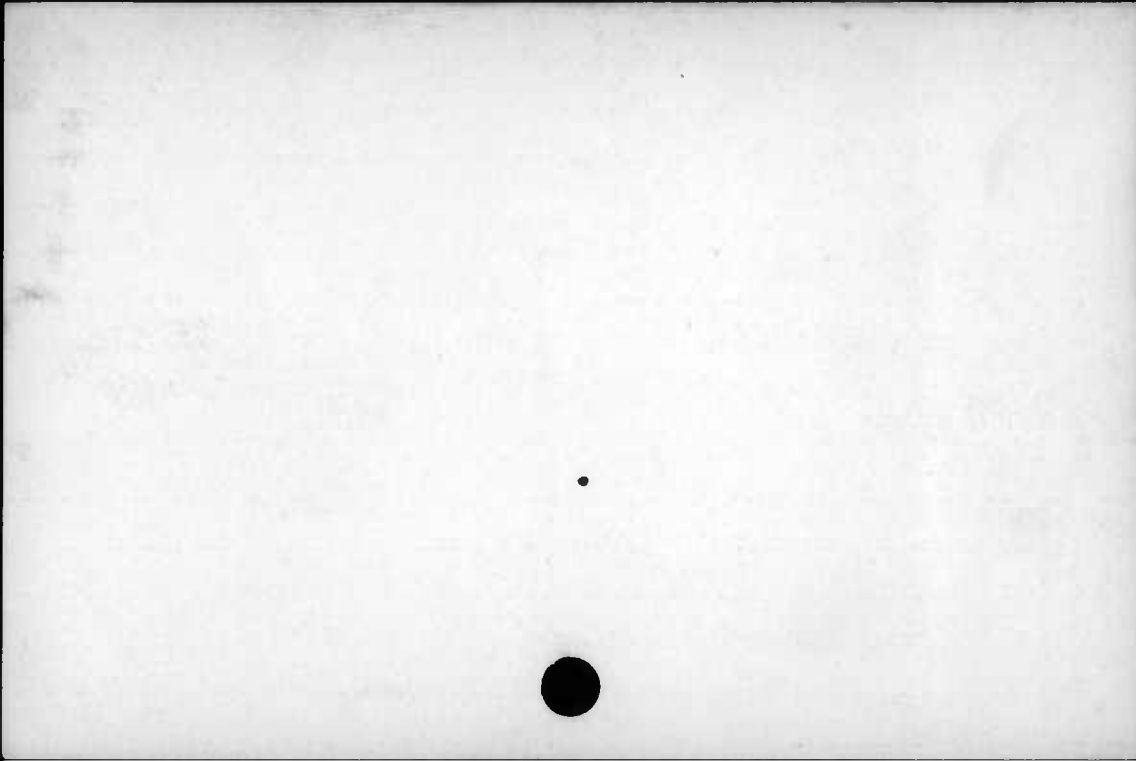
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death <i>1905 Dec 12</i>		Month		Day		Age <i>32</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		Months <i>5</i> Days <i>8</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Frank Slama</i>		Father's Birthplace <i>Stupno Bohemia</i>					
Mother's Maiden Name <i>Anna Chottova</i>		Mother's Birthplace <i>Stupno Bohemia</i>					
Name of person giving information <i>Anthony Slama</i>		How related to deceased <i>Parents Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long	<i>2 1/2 yrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>c</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Kephurn</i>	
		Address <i>Annapolis Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> Town		County <u>Act</u>		MARYLAND	
Date of death <u>1905</u> <u>5</u> <u>Dec</u> Month Day		Age <u>2nd</u> Years		Months	Days
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>East Port</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Jacob Maddox</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Annie Maddox</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving Information <u>Mother</u>		How related to deceased <u>MD</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout MD</u>	
<u>Yes</u>	Address <u>Annapolis MD</u>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

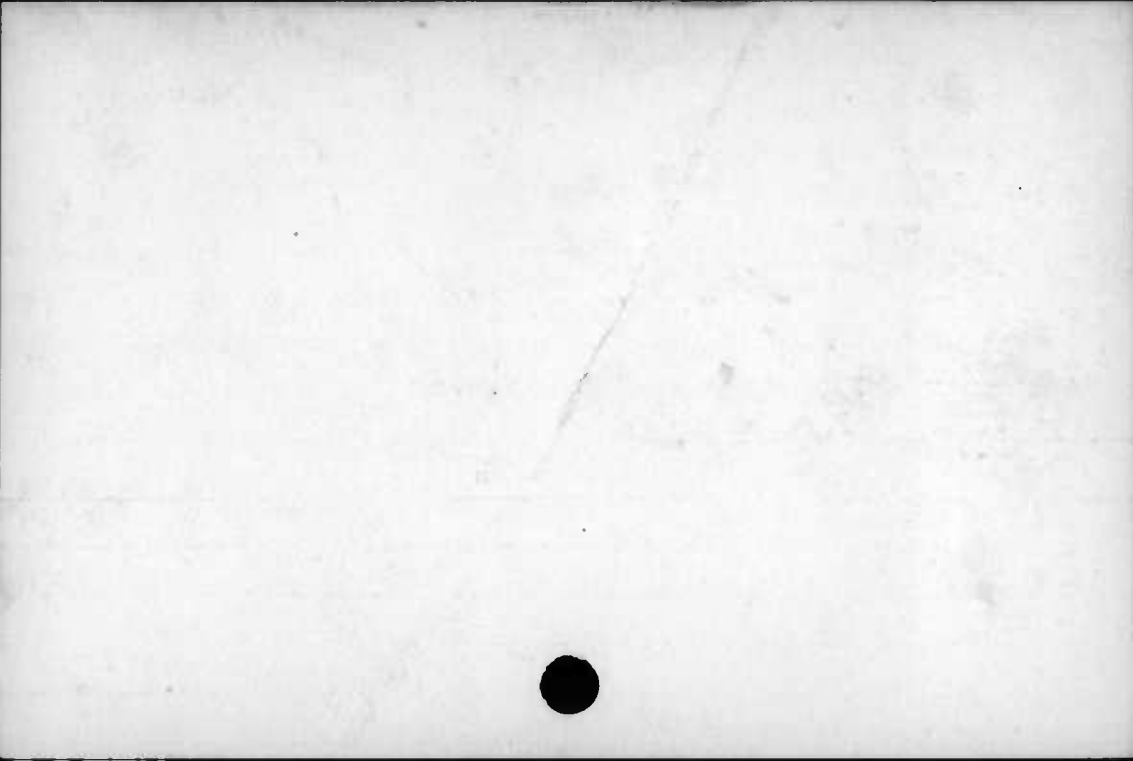
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastport</i> <i>AA</i> County		MARYLAND	
Date of death <i>1905 Dec. 3</i>	Month <i>Dec.</i> Day <i>3</i>	Age <i>70</i> Years	<i>1</i> Months <i>8</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>	
Occupation <i>Ship Carpenter</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catherine Matzen</i>		
Father's Name <i>A. C. Matzen</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Margaret Bruce</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>J. L. Matzen</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Myelitis</i>	How long <i>six days</i>
Immediate <i>Paralysis</i>	How long <i>five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. S. Welch</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

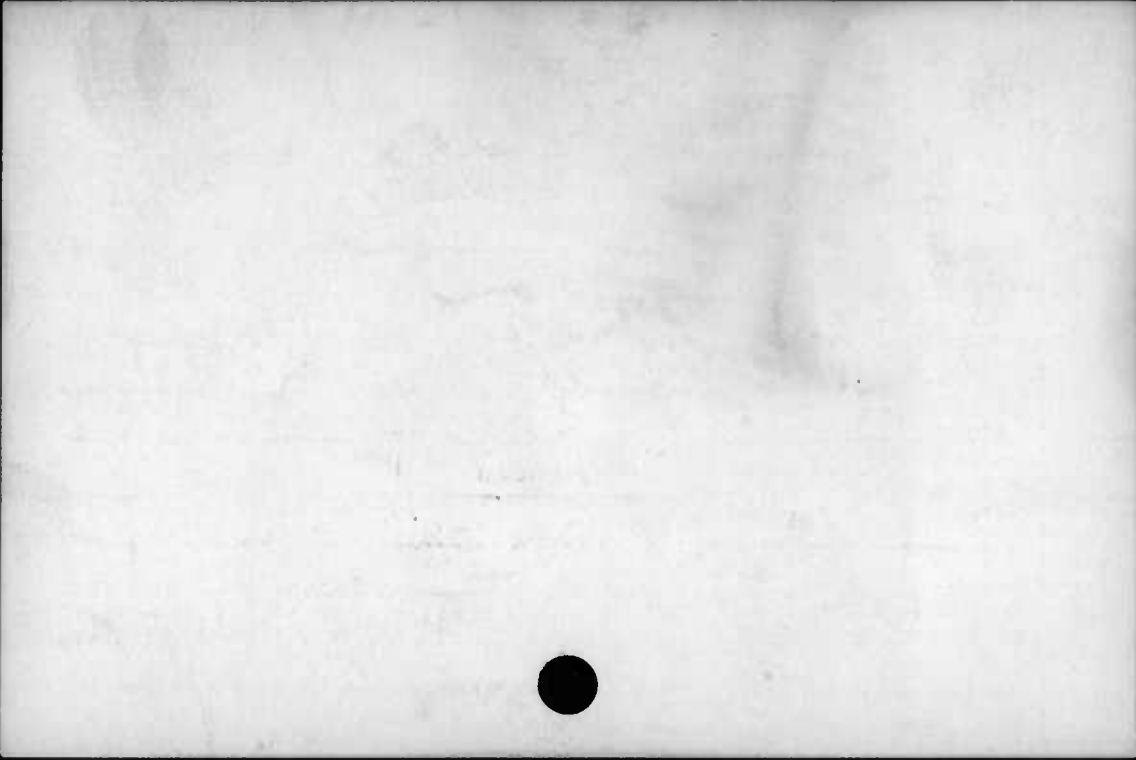
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace				Mother's Birthplace	
Mother's Maiden Name		How related to deceased					
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

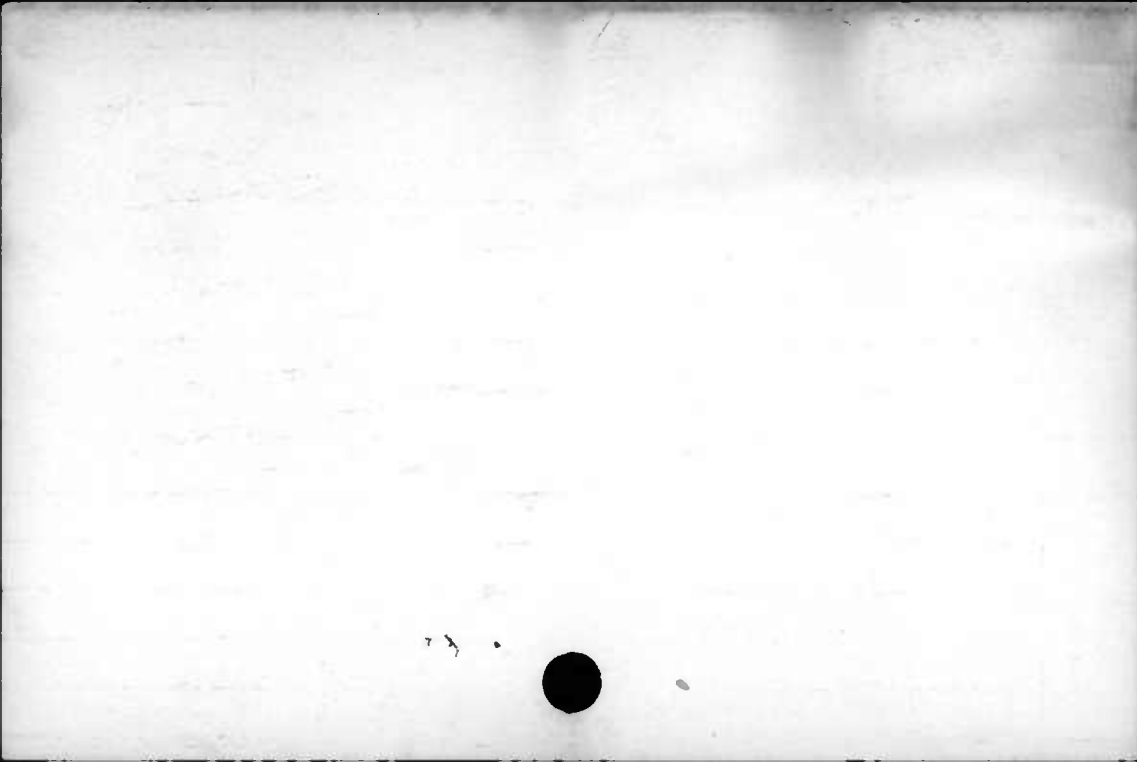
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shady Side</i>		Town <i>Albany</i>		County <i>Albany</i>	
Date of death <i>1905</i>		Month <i>Dec</i>	Day <i>1</i>	Age <i>68</i>	Years <i>68</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Stewart</i>				
Father's Name <i>Augustus Murray</i>	Father's Birthplace <i>Calvert Co. Md.</i>		Mother's Birthplace <i>Calvert Co. Md.</i>		
Mother's Maiden Name <i>Harriet Parran</i>	Name of person giving information <i>Alex Murray</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>18 mos</i>
Immediate <i>Pulmonary Aneurysm</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Yes I Sign</i>
	Address <i>Churchton</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

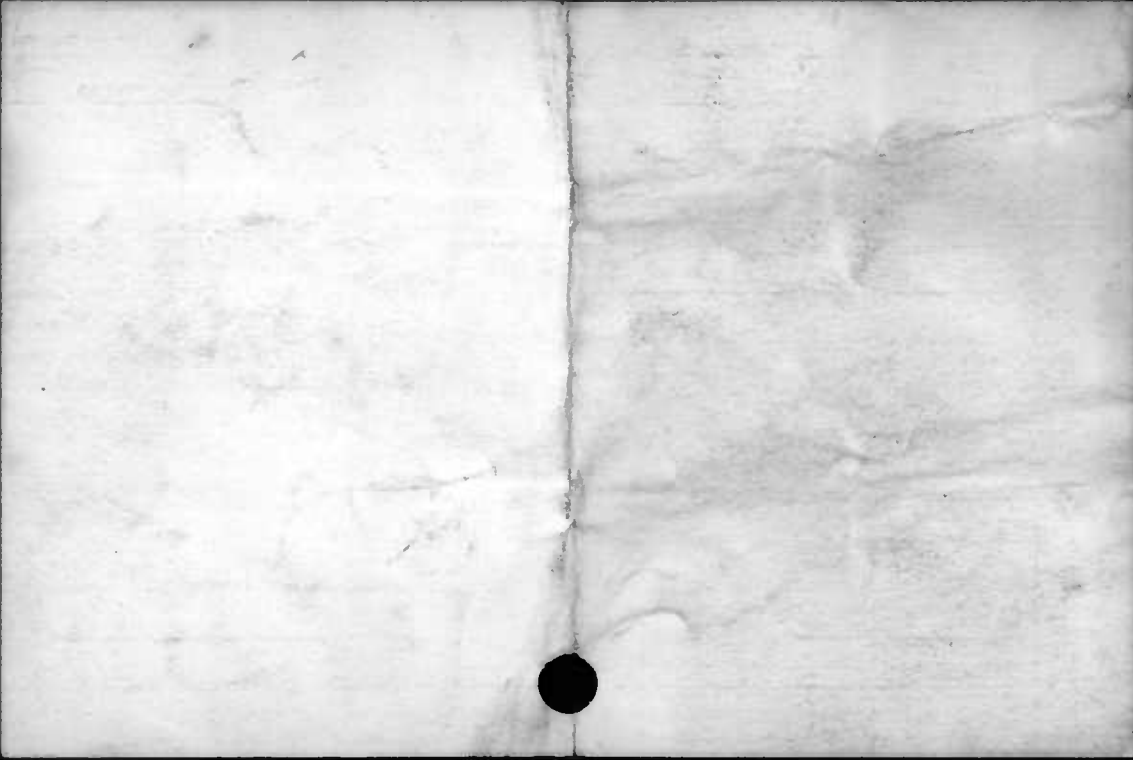
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Virgil L Myrich		Town Sellers		County AA		STATE MARYLAND	
Died at Sellers		Month Dec		Day 16		Years 1904	
Date of death 1904 Dec 16		Age 2		Months 6		Days	
Sex male		Color or Race African		Birth-place AA Co			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Richard Myrich		Father's Birthplace York, Pa					
Mother's Maiden Name Abba Talbot		Mother's Birthplace AA Co					
Name of person giving information Rich Myrich		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dropsy	How long 5 weeks
Immediate acute nephritis	How long one day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. B. Grayson
	Address Sellers
Accident or Suicide? yes	



Name
in
Full

Henry Edward Neary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodwardville</i> ^{Town} <i>Anne Arundel</i> ^{County} MARYLAND	
Date of death 1905 ^{Month} <i>12</i> ^{Day} <i>31</i> ^{Years} <i>about</i> ^{Months} <i>2</i> ^{Days}	
Sex <i>male</i> Color or Race <i>White</i> Birth-place <i>Bowie P. O.</i>	
Occupation _____	Where Residing if not at place of death _____
Married, Single or Widowed _____	Name of Wife or Husband _____
Father's Name <i>Harry Neary</i>	Father's Birthplace <i>Ad Co.</i>
Mother's Maiden Name <i>White Head (Gower)</i>	Mother's Birthplace <i>Ad Co. Md.</i>
Name of person giving information <i>G. M. O'Hallorane</i>	How related to deceased <i>not at all</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Strangulation</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>P. Lester L. Sisney J. P.</i>
	Address <i>Advent P. O.</i>
Accident or Suicide?	<i>Anne Arundel Co. Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J Owens
Town

County

MARYLAND

Died at Annapolis

Date of death 1905 Dec

Day 20

Age

16

Months 4

Days

Sex Male

Color or Race

White

Birth-place

Annapolis

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John T Owens

Father's Birthplace

A.A. Co. Md

Mother's Marden Name

Mary E. Williams

Mother's Birthplace

" " " "

Name of person giving In formation

John T. Owens

How related to deceased

Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident caught in machinery

How long

Immediate

and mutilated

How long

10 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Oliver Parviz, M.D.
Annapolis, Md

Accident ~~or~~ Suicide?



Name in Full		Parker				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Annapolis		County		MARYLAND		
	Date of death		1905	Month Dec	Day 7	Age —	Years —	Months —	
	Sex		Male		Color or Race		Colored		
	Occupation		—		Birth- place		—		
	Where Residing if not at place of death		—		—		—		
	Married, Single or Widowed		—		Name of Wife or Husband		—		
	Father's Name		Harry Parker		Father's Birthplace		Annapolis		
	Mother's Maiden Name		Carrie Diggs		Mother's Birthplace		"		
Name of person giving In formation		Susan Wright		How related to deceased		nephew			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary		Still Born		How long		—		
	Immediate		"		How long		—		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm. J. Welch H. O.		
	Address		—		—		Annapolis		
Accident or Suicide?		—		—		—		—	



Name
in
Full

Harry W. Parrish

CERTIFICATE OF DEATH

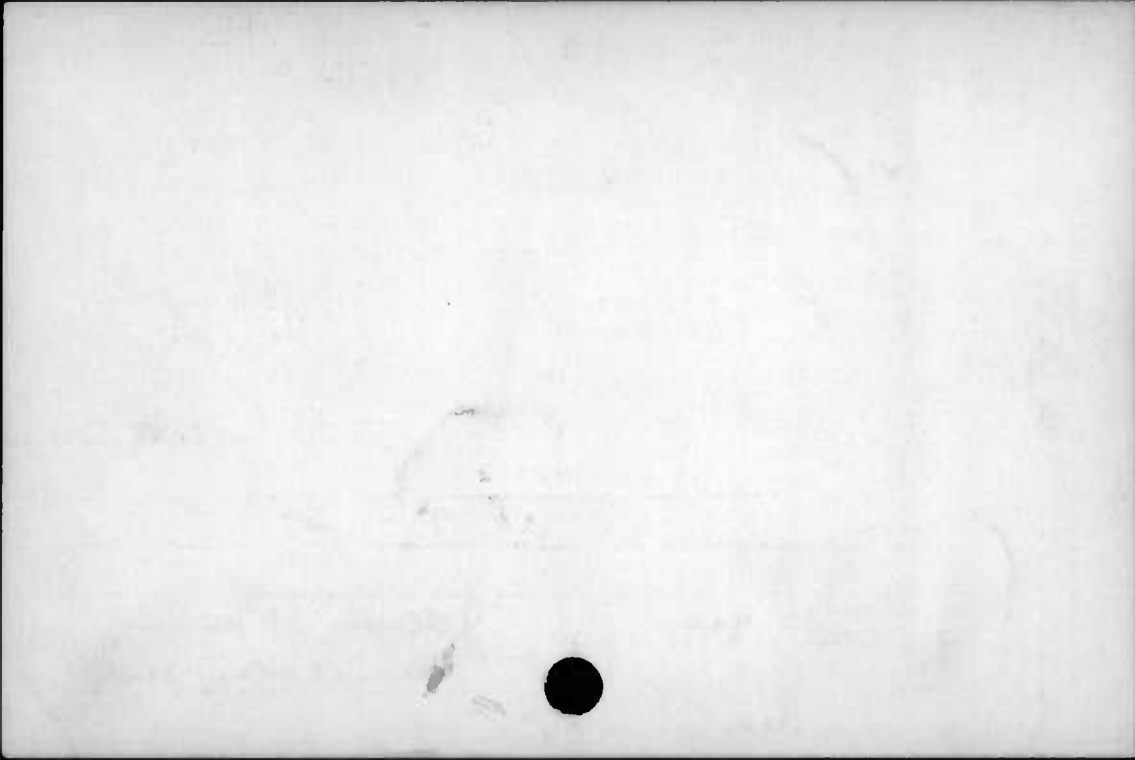
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i> ^{Town} <i>2^d</i> ^{County} <i>of Anne Arundel</i> MARYLAND	
Date of death <i>1908</i> ^{Month} <i>dec</i> ^{Day} <i>25th</i> ^{Years} <i>6</i> ^{Months} <i>8</i> ^{Days} <i>13</i>	
Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>East Port Md.</i>	
Occupation _____ Where Residing if not at place of death _____	
Married, Single or Widowed <i>Single</i> Name of Wife or Husband _____	
Father's Name <i>Robt. L. Parrish</i> Father's Birthplace <i>A. A. Co.</i>	
Mother's Maiden Name <i>Wester A. Brangell</i> Mother's Birthplace <i>a a c o</i>	
Name of person giving information <i>Deater A. Parrish</i> How related to deceased <i>mother.</i>	

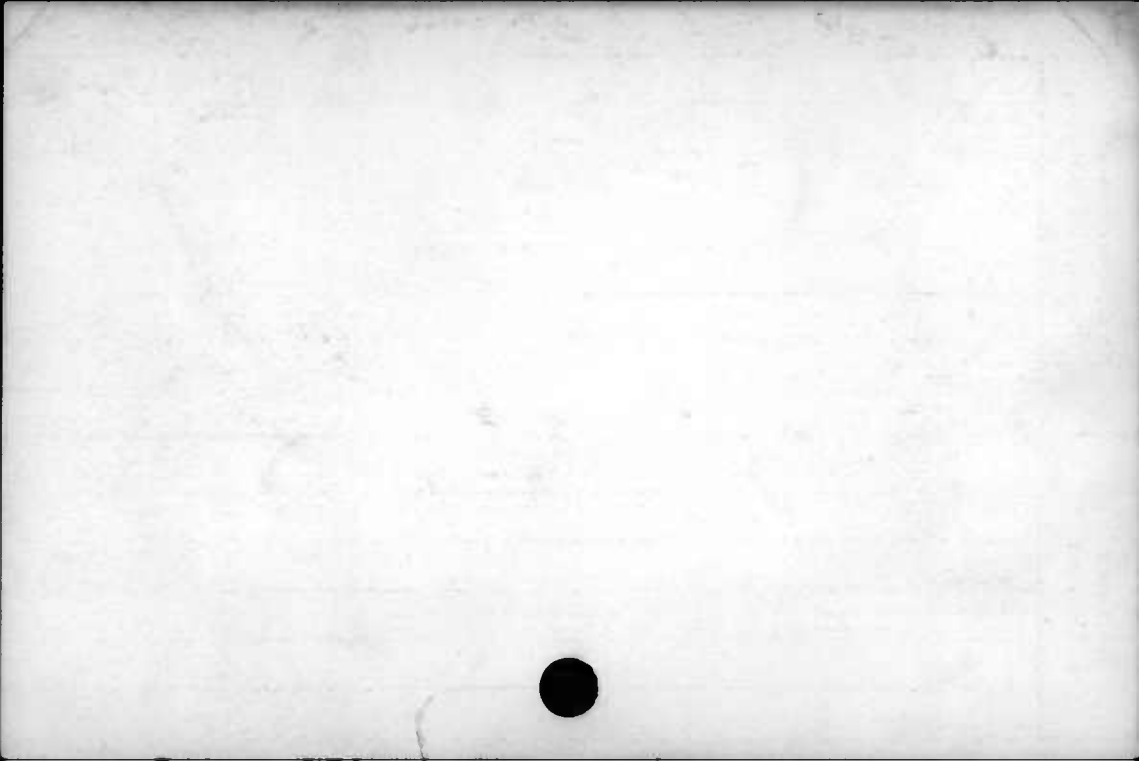
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Concussion of Brain</i> ^{How long} <i>48 hours</i>
Immediate <i>Convulsions</i> ^{How long} <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>
Signature of Physician <i>Wm. J. Welch</i> Address <i>Annapolis Md</i>
Accident or Suicide? <i>Accident</i>



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		County <i>Anne Arundell</i>		
		Date of death <i>1905 Dec.</i>		Day <i>5th</i>	Years <i>37</i>	Months <i>4 months</i>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Annapolis</i>	
		Occupation <i>Baker</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Schaefer</i>			
		Father's Name <i>Martin M. Smith</i>	Father's Birthplace <i>Germany</i>			
		Mother's Maiden Name <i>Catherine Peters</i>	Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Martin Henry Smith</i>		How related to deceased <i>Brother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Acute Nephritis</i>		How long <i>about one week</i>		
		Immediate		How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Oliver Parais</i>		
		Accident or Suicide? <i>no</i>		Address <i>Annapolis, Md</i>		



Name
in
Full

Bessie M Thompson

CERTIFICATE OF DEATH

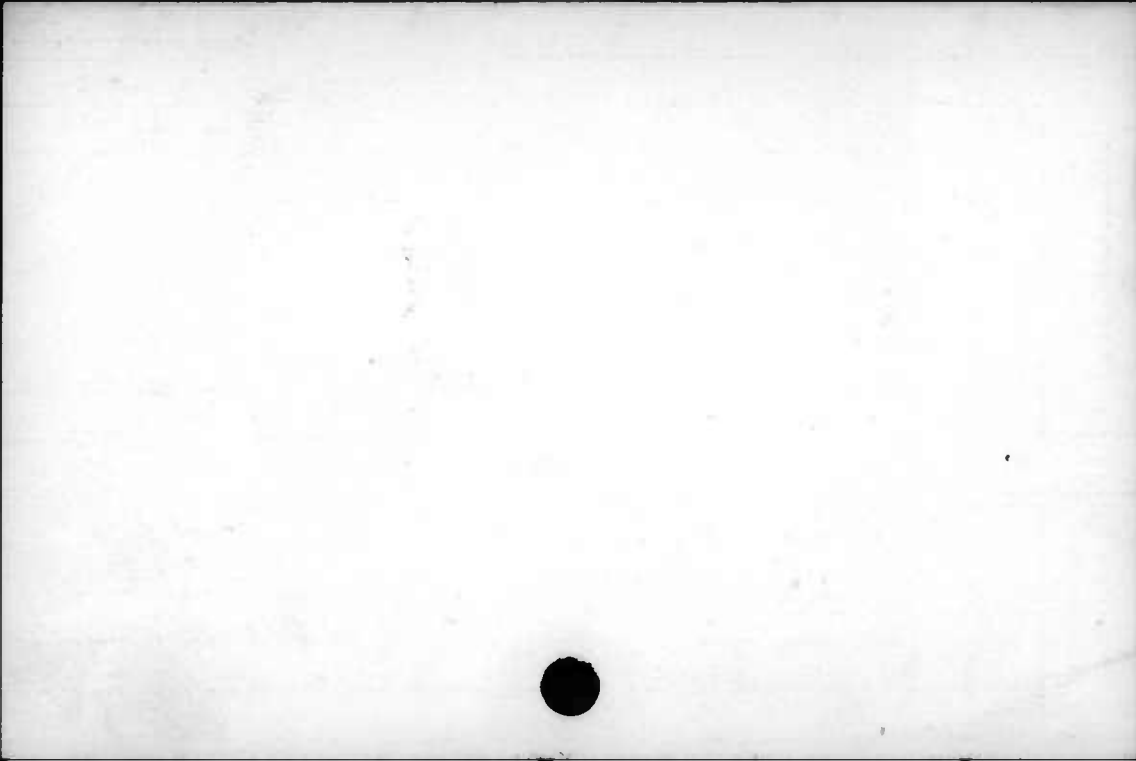
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>			County <i>Anne arundell</i>		MARYLAND		
Date of death	190 <i>5</i>	Month <i>Dec</i>	Day <i>13.</i>	Age <i>28</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Annapolis</i>
Occupation	<i>-</i>			Where Residing if not at place of death			<i>-</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>-</i>				
Father's Name	<i>Wm H Thompson</i>					Father's Birthplace	<i>Annapolis</i>
Mother's Maiden Name	<i>Jane Anne Phelps</i>					Mother's Birthplace	<i>Annapolis</i>
Name of person giving information	<i>Jane Ann Thompson</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Haematoma</i>	How long	<i>4 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. H. Thompson</i>
<i>As far as I know</i>		Address	<i>Annapolis Md.</i>
Accident or Suicide?			



Name
in
Full

Rachel Ann Joogood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gambrells Town Anne Arundel County MARYLAND

Date of death 1905 12 Month 24 Day 20 Years — Months — Days

Sex female Color or Race African Birth-place Odenton

Occupation Domestic Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Thomas Joogood Father's Birthplace Odenton

Mother's Maiden Name Henrietta Wallace Mother's Birthplace Odenton

Name of person giving information Edwin Wallace How related to deceased Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 3 years

Immediate Exhaustion How long 6 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Dubois, M.D.

Address Gambrells

Accident or Suicide? —



PHYSICIAN
OR CORONER

Wilbur Zucker

CERTIFICATE OF DEATH

Died at Bristol ^{Town}

County

MARYLAND

Date of death 1905

Day	14	Age	Years	6
-----	----	-----	-------	---

Months	Days
--------	------

Sex

Male

Color or Race

White -

Birth-
place

AA Co. Inc

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Samuel P. Zucker

Father's Birthplace

A.A. Co. Ind

Mother's
Maiden Name

Mar. Callerton

Mother's
Birthplace

Culture to the

Name of person giving
information

Sam'l P. Zucker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Group

How long

24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yrs

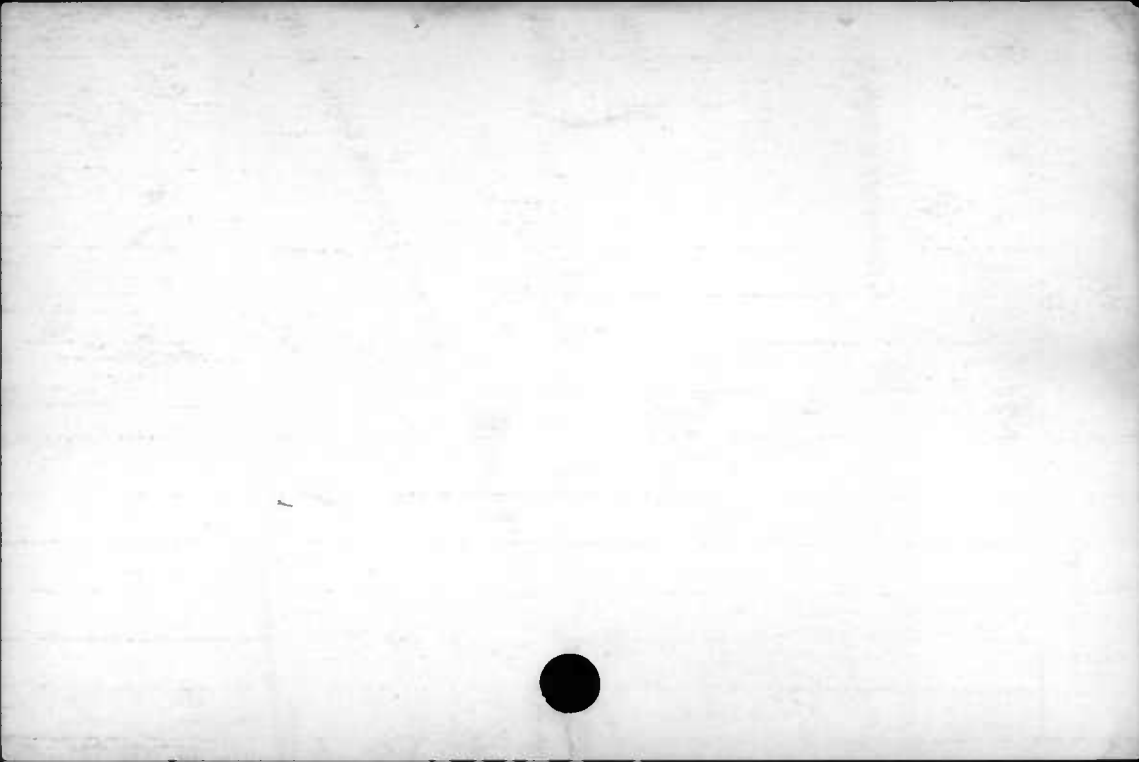
Signature of Physician _____

A. V. Permi

Address

McKendree Ind.

Accident or Suicide?



Name

in
Full

Thos W. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Marley TownCounty laaDate of death 1905 Dec MonthDay 25Age 1 YearsMonths 9

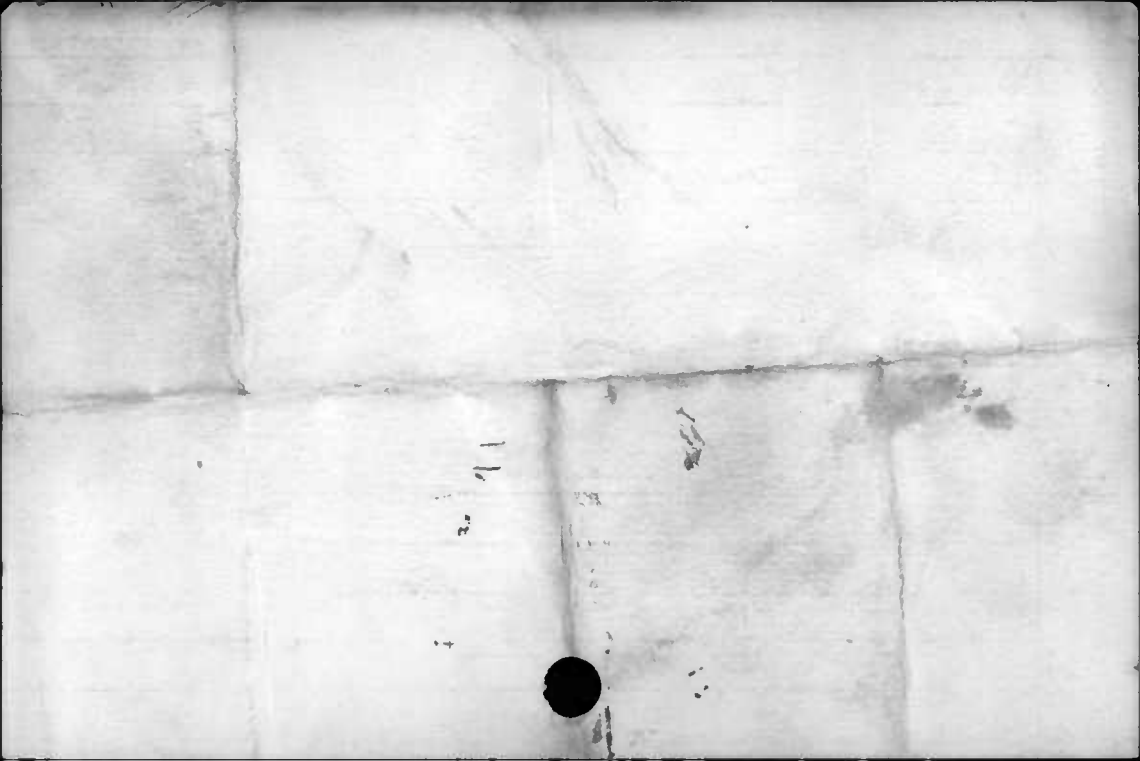
Days

Sex maleColor or
Race AfricanBirth-
placeOccupation _____Where Residing if not
at place of death _____Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name Wesley TurnerFather's
Birthplace laa Co.Mother's
Maiden Name Sally BarkerMother's
Birthplace laa CoName of person giving
In formation Wesley TurnerHow related
to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Contusion of chestHow long 4 weeksImmediate ComminutionHow long 3 daysAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician W. B. ChapmanAddress laa Co.

Accident or Suicide?



Name
in
Full

Mary Louisa Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		County		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Dec</i> ^{Day} <i>6</i>		Age <i>18</i> ^{Years}		Months <i>6</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Daniel Wallace</i>		Father's Birthplace <i>Washington D.C.</i>			
Mother's Maiden Name <i>Emma Fester</i>		Mother's Birthplace <i>A.A.C., Md.</i>			
Name of person giving information <i>Emma Wallace</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Probably Tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Heart Failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. S. Welch</i>
	Address <i>Health Officer</i>
	<i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Dudley Augustus Watts

CERTIFICATE OF DEATH

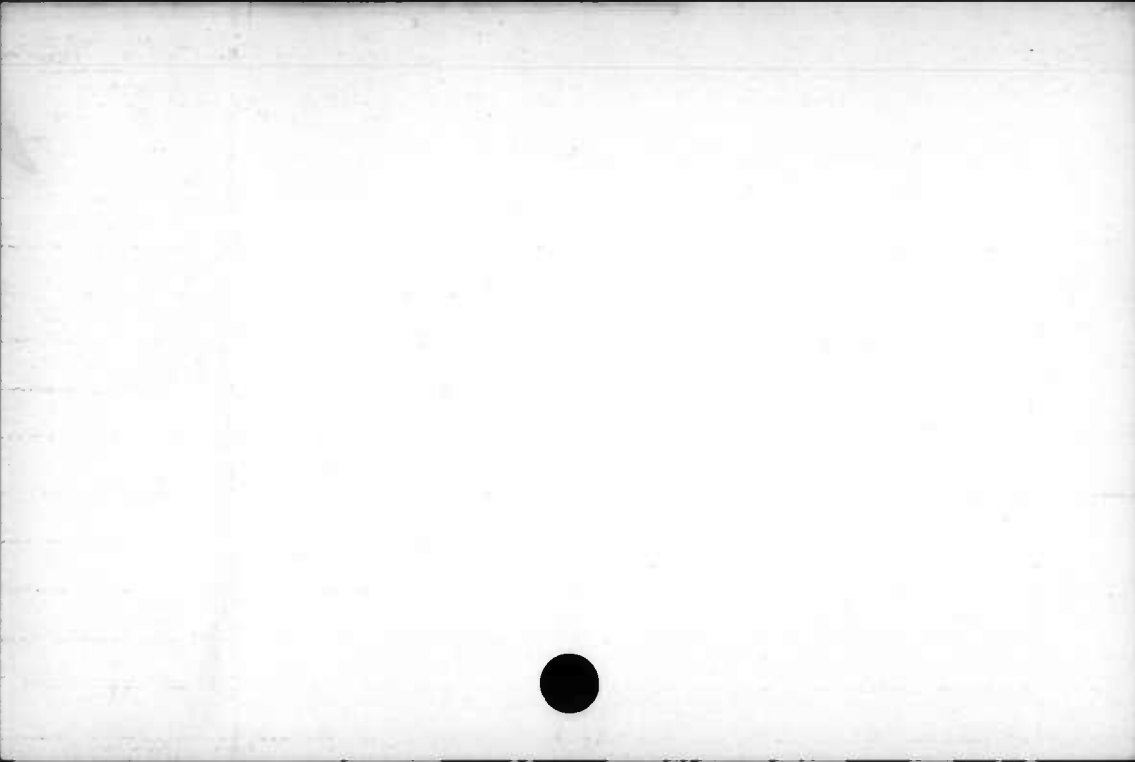
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger's</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>9</i>	Age	Years	Months <i>4</i> Days
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Armiger a a Co</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James Watts</i>			Father's Birthplace <i>a a Co Md</i>		
Mother's Maiden Name <i>Harriet Williams</i>			Mother's Birthplace		
Name of person giving information			How related to deceased <i>a a Co Md</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hooping cough</i>	How long
Immediate <i>Pulmonary congestion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas Brown</i>
	Address <i>Armiger Md</i>
Accident or Suicide?	



Name
in
Full

Stella Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Margarets</i>		County <i>D.C.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>13</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>St. Margarets</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Alford Williams</i>	Father's Birthplace <i>29 D.D. Co</i>				
Mother's Maiden Name <i>Mary Benson</i>	Mother's Birthplace <i>St. Margarets</i>				
Name of person giving information <i>Alford Williams</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Apnoea</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. R. Root M.D.</i>
	Address <i>St. Margarets</i>
Accident or Suicide?	<i>None</i>

